

Instructions for Requesting a Certified Birth or Death Record

Wichita Falls Wichita County Health Department

1700 Third St Wichita Falls, TX 76301

Phone: (940)761-7801 Fax: (940)761-7693

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WWW.WICHITAFALLSTX.GOV/311/VITALRECORDS

Please read all of the following prior to sending in your request.

Availability of Records-Our office files

- -Births born IN THE CITY LIMITS OF WICHITA FALLS from 1917 to current will received a long form birth certificate.
- -Births born IN THE STATE OF TEXAS, BUT OUTSIDE THE CITY LIMITS OF WICHITA FALLS from 1926-to current will receive a Abstract Certified Birth Certificate
- -Deaths that occurred **ONLY IN THE CITY LIMITS** of Wichita Falls
- All other requests for dates not listed must be obtained from the county they occurred in or the State they occurred in. Records will only be issued to Qualified Applicants.

Our office can issue two kinds of birth certificates.

Long Form Birth Certificate-If you were born in the City Limits of Wichita Falls, we will issue you a long form birth certificate. This is a certified copy of the original on security paper that meets state requirements, which bears our Health Department Seal and the Texas State Health Department seal within the paper. We DO NOT use an embossed seal per the Texas Administrative Code Title 25 Part 1 Chapter 181 Subchapter B Rule 1813.28 -C-Security Features.

ABSTRACT Form Birth Certificate -If you were born in the State of Texas, we will issue you an abstract birth certificate. This is a certified copy of the minimal information that is provided by the State. This is a certified copy of the original on security paper that meets state requirements, which bears out Health Department Seal and the Texas State Health Department seal within the paper. We DO NOT use an emboss seal per the Texas Administrative Code Title 25 Part 1 Chapter 181 Subchapter B Rule 1813.28 -C-Security Features. (Abstracts births will bear the (I) for passport requirements from 1964-Present if you were born in a hospital.)

Due to our new State Wide paper requirements, if requesting for an Oklahoma ID/ Oklahoma Driver's License: Please check with your local DPS, to make sure they will accept a City of Wichita Falls Birth Certificate before ordering. This office will not refund any certificates ordered.

Qualifying Applicant – Defines who is eligible to request certified copies of records. -Self (Person named on record) Parent (Parent listed on record) -Step-Parent (Must show documentation showing still linked to bio-parent) Grandparent (Biological Parents to Parents on record) -Children (Biological Child to Person on record) -Sibling
(Must share at least 1 parent. Parent must be on both person's birth certificate) -Spouse (Must show marriage license if you do not share last name on record) -Guardian (Must show valid court order showing guardianship) Attorney (Must have valid paperwork show tangible interest in record)

All qualifying applicants must present a valid form of identification with your request. Applicant must present 1 form of primary identification. If you do not possess a primary ID you may present 2 forms of secondary identification. If you do not possess 2 forms of secondary ID, you may present 1 form of secondary and 2 forms of supporting identification that establishes the applicant's identity. Examples of all forms of acceptable identification are listed on page two of these instructions.

Dear Customer:

An ID is needed to process your application. Please select one of the three groups below and provide the requested items.

- 1. One (1) Item from Group A OR
- 2. Two (2) Items from Group B OR
- 3. Three (3) Items one(1) item from Group B PLUS two (2) items from Group C

1 Group A - PRIMARY ACCEPTABLE ID

Note: The document must contain the applicants name and signature and or an identifiable photo of the applicant

- Driver's License;
- · Federal or State Identification card;
- Federal, State or City law enforcement employment identification card, or employment badge accompanied by employment identification card;
- Offender Identification card issued by the Department of Criminal Justice correctional facility or institution;
- · Military Identification card;
- Department of Homeland Security, United States Citizenship and Immigration Services (USCIS) issued:
 - o Employment Authorization Document (EAD);
 - Permanent Resident Card (green card);
 - Travel Documents:
 - Re-entry Permit;
 - · Refugee Travel Permit; or
 - Advance Parole.
 - o SENTRI Card; or
 - o U.S. Citizen Identification Card.
- United States Department of State issued:
 - o Border Crossing Card (B1 for business or pleasure or B2 medical purposes); or
 - Visa
- · Concealed Handgun License;
- · Pilot's license; or
- · United States Passport.

2 Group B - SECONDARY ACCEPTABLE ID - Please provide two (2) of Group B ID's

Note: one document must contain the applicants name and signature and or an identifiable photo of the applicant

- Current student identification:
- · Any Primary Identification that is expired;
- · Signed Social Security card, or Numident;
- DD Form 214 Certificate of Release;
- Medicaid card or Medicare card;
- Veterans Affairs card;Medical insurance card;
- Foreign Passport accompanied by a Visa issued by the United States Department of State;
- Foreign Passport in accordance with the United States Department of State, Visa Waiver Program;
- Certified birth certificate from the Department of State (FS-240, DS-1350 or FS-545);
- Private Company Employment Identification card;
- Form I-94 accompanied by the applicant's Visa or Passport;
- Mexican voter registration card; or
- · Foreign Identification with identifiable photo of applicant.

3 Group C - SUPPORTING DOCUMENTS - Please provide One (1) From Group B and (2)TWO FROM GROUP C

Note: one document must contain the applicants name and signature and or an identifiable photo of the applicant Note: This list of items consist of other records or documents that aid in establishing the identity of the applicant. The following list is not all inclusive.

- A recent utility bill (must be current, show the same address and name of the requestor)
- Current Pay Stub (must show requestors name, company name and current address)
- Bank account statement (must be a current statement showing requestors name and address)
- Public assistance Letter (must be current and show requestors name and address)
- Police Report of stolen identification (must show requestors name, address and date filed)
- Official School Transcript (must be certified by official seal)
- Voters registration card (must be current and show your current address and name of requestor)
- Automobile insurance card (must show requestors name and be current and valid)
- Automobile title (must show requestors name)
- Social security letter (must be current and show same address as on the application)

Fees and Processing Times

Long Form Birth Certificate (For Births that occurred in Wichita Falls)	\$23				
Abstract Form Birth Certificate (For Births that occurred outside					
Wichita Falls but in Texas)					
First Copy of Death Certificate	\$21				
Additional Copy of Death Certificates (At time of Purchase)	\$4				
Plastic Sleeve	\$1				
Convenience Fee (To process all Debit/Credit Cards Transactions)	\$3.50				
(No additional charge to requests made in office)					
Mail Options					
Expedited Service: 1-2 Business Day Delivery (Weather Permitted)					

No liability on this office for lost orders through delivery service.

Regular Mail: No additional fees

No liability on this office for lost orders once mail leaves this office

Note: All mailed, faxed, or emailed applications summited must be signed in the presence of a notary public along with a copy of your valid identification. Uncompleted applications or insufficient identification will cause a delay in processing.

^{*}All requests are processed within 1-2 business days from the time this office receives it.

^{*}If notary stamp is an embossed seal: must mail in original application.

^{*}If notary stamp is ink stamp, may fax or email application in.





Wichita Falls Wichita County Health Department 1700 Third St. Wichita Falls, TX 76301 Phone: 940-761-7802 or 7801 Fax: 940-761-7693

Office use only:

Email: misty.koru@wichitafallstx.gov or ashley.harmon@wichitafallstx.gov

Please Print and Include a Photocopy of your Valid Driver's License, State ID, or forms from the acceptable list.

Service			Cost	#	Total	Mai	l Options	
Long Form OR Abstract Form Birth Certificate		\$23					Service: 1-2 Business Day Delivery	
1 st Copy Death Certificate		\$21					Permit) No liability on this office	
Additional Death Certificates		\$4					for lost orders through delivery service. Regular Mail: No additional fees No liability on this office for lost orders	
Plastic Cover		\$1				No liabili		
Expedited Service 1-2 Business Day Delivery		ry \$21		once mail leaves this office		il leaves this office		
Credit Card Convenience Fee		\$3.50)	*All requests are processed within 1-2 busin		sts are processed within 1-2 business		
Tota			Payment			- days		
Part 1–Credit Card Authorization (Skip if mailing in with money order, make payable to WFWCPHD) NO CHECKS ACCEPTED								
Visa MC Discover MUST ATTACH CARD HOLDER'S DRIVER'S LICENSE OR ID								
Name on Card:			By signing this; you are authorizing the WFWCPHD to charge your card for					
			the total amount of records and a convenience fee. \$3.50.					
Card #:			Signature:					
Exp:	CVV/CVC:							
Part 2- Identify the Record								
Name on Certificate	First		Midd	le			Last	
Prior to Marriage								
Date of Birth / Death	M/D/Y		Τ			Sex	1	
Place of Birth / Death	City		County			State Texas		
Parent Name Prior to Marriage	First		Middle			Last		
Parent Name Prior	First		Midd	le			Last	
to Marriage								
	Part	t 3 - Persor	n Reque	stin	g Record (
Applicant Name					Email			
Full Mailing Address		π						
Relationship Reason for Purchase								
I authorize mailing to the address below instead, I have verified that the address below will receive my order.								
Name of person Receiving Copies:								
Full mailing address:								
Applicant's Signature: Date:								
Part 4 – Applicant's Notarized Affidavit of Identity (Must be signed in the presence of a notary public)								
ALL SUBMITTED APPLICATIONS FOR CERTIFICATES MUST BE NOTARIZED IN ORDER TO BE PROCESSED.								
STATE OF: COUNTY OF:								
This instrument was acknowledged before me onby								
Date Name of Person Ide						rson Identified (Applicant)		
Notary Public's Signature							Notary Stamp or Seal	
nk stamp-may fax or e	mail <u>Embossed</u>	Seal- must	mail in	orig	ginal			